

RESULT IN THE INDIVIDUAL RECEIVING TIME OFF FOR REHABILITATION WITHOUT PAY BEYOND ALL ACCUMULATED SICK LEAVE AND/OR VACATION TIME. THE DISTRICT RETAINS THE RIGHT TO TEST THE EMPLOYEE ON A MONTHLY BASIS FOR ONE YEAR.

## Exhibit 1

### SICK LEAVE

SICK LEAVE IS DEFINED TO MEAN, ANY PERIOD OF TIME DURING WHICH AN EMPLOYEE MAY, DUE TO ILLNESS, INJURY, AND/OR ANY OTHER KIND OF ACTUAL PHYSICAL INCAPACITATION (EXCEPT INJURY ON THE JOB AS COVERED BY WORKMAN'S COMPENSATION), BE EXCUSED FROM WORK WITHOUT LOSS OF NORMAL PAY PROVIDED LEAVE IS AVAILABLE ON THE DAY OF ABSENCE.

AN EMPLOYEE MAY TAKE SICK LEAVE IN CASE OF A SERIOUS ILLNESS IN THE EMPLOYEE'S IMMEDIATE FAMILY, (PARENT, GRANDPARENT, SPOUSE, CHILDREN, BROTHERS, SISTERS, AND IMMEDIATE IN-LAWS.)

SICK LEAVE SHALL BE CREDITED TO A PERMANENT FULL TIME EMPLOYEE AT THE RATE OF ONE WORK DAY PER MONTH. ACCUMULATED SICK LEAVE SHALL NOT EXCEED 45 DAYS. AN EMPLOYEE WHO HAS TAKED SICK LEAVE SHALL FILE WITH HIS/HER SUPERVISOR AN APPLICATION OF LEAVE STATING THE CAUSE OF THEIR ABSENCE AND THE AMOUNT OF TIME TAKEN.

AN EMPLOYEE ON SICK LEAVE SHALL INFORM HIS/HER SUPERVISOR OF THE FACT AND REASON AS SOON AS POSSIBLE (PREFERABLY 2 HOURS PRIOR TO THE START OF SHIFT), FAILURE TO DO SO MAY RESULT IN DENIAL OF SICK LEAVE WITH PAY FOR THE PERIOD OF THE ABSENCE.

AN EMPLOYEE MAY BE ABSENT FROM WORK FOR ONE (1) DAY DUE TO ILLNESS SUSTAINED BY THEMSELVES OR A MEMBER OF THEIR IMMEDIATE FAMILY WITHOUT SUBMITTING AN ATTENDING PHYSICIANS STATEMENT. AN EMPLOYEE ABSENT FROM WORK DUE TO ILLNESS SUSTAINED BY THEMSELVES OR THEIR IMMEDIATE FAMILY FOR TWO (2) OR MORE CONSECUTIVE DAYS MAY BE REQUIRED BY THE DISTRICT TO OBTAIN A STATEMENT FROM THE ATTENDING PHYSICIAN BEFORE PAYMENT OF SICK LEAVE WILL BE MADE. HOWEVER IN NO CASE WILL AN EMPLOYEE BE ALLOWED THREE (3) OR MORE CONSECUTIVE DAYS WITHOUT AN ATTENDING PHYSICIANS STATEMENT BEFORE PAYMENT OF SICK LEAVE WILL BE MADE.

AN EMPLOYEE MUST HAVE A DOCTOR'S RELEASE PRIOR TO RETURNING TO WORK FOLLOWING A THREE (3) DAY ABSENCE FOR ILLNESS OR HOSPITALIZATION.

ANNUAL LEAVE MAY BE USED FOR SICK LEAVE PURPOSES AFTER ALL AVAILABLE SICK LEAVE IS EXHAUSTED. EMPLOYEES WHO HAVE EXHAUSTED ALL SICK AND ANNUAL LEAVE MAY, AT THE DISCRETION OF

THE DISTRICT DIRECTOR, BE GRANTED LEAVE WITHOUT PAY FOR A PERIOD NOT TO EXCEED TEN (10) WORKING DAYS. AN EMPLOYEE WHO HAS EXHAUSTED ALL AVAILABLE SICK AND ANNUAL LEAVE MAY AT THE DISCRETION OF THE BOARD OF COMMISSIONERS, BE GRANTED LEAVE WITHOUT PAY FOR A PERIOD NO TO EXCEED ONE (1) YEAR.

IF SICK LEAVE BENEFITS ARE ABUSED, THE FIRST OFFENSE SHALL BE SUSPENSION FOR ONE (1) WEEK WITHOUT PAY. THE SECOND OFFENSE SHALL CAUSE FOR TERMINATION OF THE EMPLOYEE. AN EMPLOYEE FRAUDULENTLY OBTAINING SICK LEAVE SHALL BE SUBJECT TO DISCIPLINARY ACTION.

COMPLICATIONS ASSOCIATED WITH PREGNANCY ARE CONSIDERED ILLNESSES AND, AS SUCH WILL BE SUBJECT TO THE PROVISIONS OF THE SICK LEAVE POLICY.

AN ATTENDANCE RECORD IS ONE OF THE FACTORS THAT WILL BE TAKEN INTO CONSIDERATIONS IN COMPLETING EACH EMPLOYEE'S ANNUAL EVALUATION REPORT.

ST LANDRY PARISH COMMUNICATIONS DISTRICT APPLICATION FOR LEAVE WILL BE SUBMITTED TO ACCOUNT FOR ALL SICK LEAVE ABSENCES.

#### **STAFF MEETINGS**

MANDATORY STAFF MEETINGS ARE SCHEDULED ON EITHER TUESDAY OR WEDNESDAY OF EVERY PAY PERIOD.



LOURDES  
ONCOLOGY  
ASSOCIATES

Chancellor E. Donald, M.D.  
Techksell McKnight Washington, M.D.  
M. Felicia Case, PA-C

DEA #B09783639  
DEA #FM1319676  
DEA #MC1247697

1200 Hospital Drive • Suite 2 • Opelousas, LA 70570 • (337) 942-7898

NAME

Tammy Mayo

AGE

ADDRESS

DATE

1/5/17

R<sub>x</sub>

To whom it may concern:  
Mrs Mayo will be undergoing  
Chemotherapy through May  
2017.

Refill ☐ times

Dispense as Written ☐

J. Case PA

(signature)

"Brand Medically Necessary" must be handwritten by the practitioner for Medicare or Medicaid patients or product selection will be allowed.

3743

Exhibit 2

\*Policy Number: PZ662204

Policyholder Information: This \* denotes a required field.

\*Last Name MAYO Suffix MI \*First Name TAMMY

\*Date of Birth (mm/dd/yy)

11/14/65

\*Employee's Name (Last Name, Suffix, First Name, MI)

MAYO TAMMY O

\*Employer's Name/Account #

STLANBYDARISHA

\*Employer Phone Number

337-948-9079

\*Employer's Address

780 HWY 742

\*City

PELOUSAS

\*State

LA

\*Zip Code

70570

• First date of disability: 10/18/2016

• Has the employee returned to work? ☒ No ☐ Yes

If no, expected return to work date: 5/1/2017 If yes, date returned to work: / /

• If the employee has returned to work is he or she working: ☐ Full-Time ☐ Part-Time ☐ Light Duty

If employee is working part-time or light duty, please provide the number of working hours per week: / /

If working part-time/light duty, date he or she began part-time/light duty: / /

If working part-time, date expected to return to work to full time: / /

If part-time/light duty, is/was the employee earning at least 80% of his/her pre-disability salary? ☐ No ☐ Yes• Is the person still employed? ☐ No ☒ Yes If no, last date of employment: / /**Please note:**

The employer is required to report disability benefits paid on pre-tax plans on Form 941 and the employee's Form W-2.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Exhibit 3

CANDICE P. TEELINS 3379489079 11/8/17  
 EMPLOYER'S SIGNATURE EMPLOYER'S PRINTED NAME TITLE DIRECT PHONE NUMBER DATE

## CONTINUING DISABILITY CLAIM FORM EMPLOYER'S STATEMENT

\*Policy Number: 72662204

Policyholder Information: This \* denotes a required field.

*Last Name	MAYO	Suffix		*First Name	TAMMY	MI	
*Date of Birth (mm/dd/yy)	11/14/65						
*Employee's Name (Last Name, Suffix, First Name, MI)							
MAYO TAMMY O							
*Employer's Name/Account #				*Employer Phone Number			
STANLEY PARISH 911				337-948-9079			
*Employer's Address							
780 HWY 742							
*City				*State		*Zip Code	
OPELOUSAS				LA		70570-	

- First date of disability: 10/17/2016
- Has the employee returned to work? ☒ No ☐ Yes  
If no, expected return to work date: \_\_\_\_/\_\_\_\_/\_\_\_\_ If yes, date returned to work: \_\_\_\_/\_\_\_\_/\_\_\_\_
- If the employee has returned to work is he or she working: ☐ Full-Time ☐ Part-Time ☐ Light Duty  
If employee is working part-time or light duty, please provide the number of working hours per week: \_\_\_\_  
If working part-time/light duty, date he or she began part-time/light duty: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If working part-time, date expected to return to work to full time: \_\_\_\_/\_\_\_\_/\_\_\_\_  
If part-time/light duty, is/was the employee earning at least 80% of his/her pre-disability salary? ☐ No ☐ Yes
- Is the person still employed? ☒ No ☐ Yes If no, last date of employment: 3/15/2017

**Please note:**

The employer is required to report disability benefits paid on pre-tax plans on Form 941 and the employee's Form W-2.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

Exhibit 4

<i>Candice Pite Ekins</i>	CANDICE PITE EIKINS	Secretary	337-948-9079	04/11/2017
EMPLOYER'S SIGNATURE	EMPLOYER'S PRINTED NAME	TITLE	DIRECT PHONE NUMBER	DATE





## St. Landry Parish Communications District E-911

780 Hwy 742  
Opelousas, Louisiana 70570  
(337) 948-9079 Fax (337) 948-9139



October 17, 2017

**Chairman**

Charles Watson  
PO Box 158  
Krotz Springs, LA 70750  
(337) 566-3600

Tanya Darcensburg

Investigator  
New Orleans Field Office  
Hale Boggs Federal Building  
500 Poydras Street, Room 809  
New Orleans, La. 70130

**Executive Director**

Jude A. Moreau

**Executive Secretary**

Candice P. Elkins

**Vice Chairman**

Lloyd Ardoin  
299 Hangar Road  
Opelousas, LA 70570  
(337) 407-1551

My name is Jude A. Moreau, Executive Director for the St. Landry Parish Communications District E-911. The mailing address is 780 Hwy 742 Opelousas La. 70570. My email address is [jamoreau911@att.net](mailto:jamoreau911@att.net). I have been authorized by the St. Landry Parish Communications Board of Commissioners to respond on behalf of the District to charge No. 461-2017-01970.

**Sgt-at-Arms**

Cindy Stelly  
PO Box 404  
Krotz Springs, LA 70750  
(337) 308-0314

St. Landry Parish Communications District is a small governmental organization funded with public funds derived from a surcharge on wire line and wireless telephones in the parish/county. The District manages the addressing system for the parish along with the public safety answering point (911 call center). The District employees 16 people on average. 12 of those employees, of which Ms. Mayo was one, work rotating shift work.

**Bobby Degueyter**

PO Box 145  
Leonville, LA 70551  
(337) 879-0035

In response to this unfounded Charge of Discrimination, Ms. Mayo was not discharged by the District, but her employment was considered terminated once she depleted all of her accumulated leave and refused to work under any circumstances. Ms. Mayo was not discriminated against in violation of the Americans with Disabilities act of 1990. Ms. Mayo did not provide the District with any date when she would return to work. Finally, in the separation letter dated April 19, 2017 it was clearly stated that Ms. Mayo was leaving in good standing and eligible for rehire when she was ready and able. I offer the following three pieces of evidence in defense of the District's position.

**Marshall Moreau**

PO Box 1029  
Opelousas, LA 70571  
(337) 948-6516

Exhibit 1 is the separation letter in its entirety that Ms. Mayo refers to in her Charge of Discrimination statement. In short it states that Ms. Mayo used all of the earned leave she accumulated both sick and vacation, the exhaustion of Family Medical Leave Act requirements, the Districts Insurance provider would no longer consider her a member of the group insurance plan. Also, the letter states that she was considered in good standing and eligible for rehire when she was ready to return to work. In addition, a modified work schedule was offered to her in an effort to assist her in meeting the 30 hr per week minimum requirement of the insurance company, but she refused.

**Richard Daigle**

300 S 2<sup>nd</sup> Street  
Eunice, LA 70535  
(337) 457-2626

Exhibit 2, Ms. Mayo's charge states that her employer was put on notice that she was planning to return to work in May 2017. This statement is repudiated by the two signed statements from the District Secretary Candice Elkins and the Operations Supervisor Ruth Dupre who met with Ms. Mayo on February 23, 2017 to discuss her options to remain in the employ of the District. Ms. Mayo was advised that after March 15, 2017 she will deplete her compensated absences and the District would no longer be able to provide her with a paycheck if she did not work.

**Mark Guidry**

PO Box 1757  
Opelousas, LA 70571  
(337) 948-2500

Exhibit 3 is the Louisiana Workforce Commission's Appeals Tribunal Decision of Administrative Law Judge dated June 21, 2017 in particular, the Findings of Fact and Conclusion of Law sections. This document confirms the fact that the District was not the cause of Ms. Mayo's separation from employment, or that she was even discharged by the District.

If any specific questions remain, please do not hesitate to contact me.

Best regards

Jude A. Moreau  
Executive Director

This institution is an equal opportunity provider.

**Exhibit 5**

